INSTRUCTIONS FOR COMPLETING THE CHANGE IN ADMINISTRATOR/FOOD SERVICE DIRECTOR DURING THE CONTRACT YEAR (KY-FD-41 FORM)

PURPOSE: To notify the State Agency of a change in Administrator/Food Service Director during the current
This form must be completed by the new Administrator/Food Service Director
date of assuming office. Completion and submission of this
Agreement, concurs with and will abide by all rules,
as well as, policies set forth by the Division

contract period.
within 15 working days of the effective
form verifies that he/she has reviewed the
regulations, and requirements outlined in the Agreement,
of Food Distribution.

INSTRUCTIONS:

- 1-2. Enter the name of the Recipient Agency, Address, City, State, Zip Code and County of the recipient agency as it appears on the current Agreement.
- 3. Enter the Name of the Former Superintendent or Institution Director as it appears on the current Agreement.
- 4. Enter the Name of the Former Food Service Director as it appears on the current Agreement.
- 5. Enter the Name of the new Superintendent or Institution Director.
- 6. Enter the Name of the new Food Service Director.
- 7. Enter date the new School Superintendent or Institution Director assumed office.
- 8. Enter date the new Food Service Director assumed office.
- 9. Signature of the New Superintendent or Institution Director.
- 10. Enter date this form is completed.
- 11. Signature of the new Food Service Director.
- 12. Enter date this form is completed.

CHANGE IN ADMINISTRATOR/FOOD SERVICE DIRECTOR DURING THE CONTRACT YEAR

Name of Recipient Agency				
Address	City	State	Zip Code	County
	4			
Name of Former Administrator (Type\Print)		Name of Fo	rmer Food Serv (Type\Print)	
Name of New Administrator	6	Name of Ne	w Food Service	Director
	•	value of the	(Type\Print)	Director
(Type\Print)			\ J1 \ /	
Effective Date	8		Effective Date	
	of the above listed R cies setforth in the "A	ecipient Age	Effective Date ency, I have revi	-
Effective Date e new Administrator\Food Service Director de by all regulations, requirements, and polic	of the above listed R cies setforth in the "A	ecipient Age	Effective Date ency, I have revietween Distribut	-

Division of Food Distribution 100 Fair Oaks Lane, Suite 502

Frankfort, KY 40601